

	St. Louis County SPOE	Northwest SPOE	Greater St. Louis SPOE
RICC			
Position Types	We are still actively recruiting for representation from the Hospital/Medical Community as well as looking for 3 more families of children in First Steps.	<ul style="list-style-type: none"> ▪ 3 Public School Representatives ▪ 5 Parents ▪ 3 Medical Representatives ▪ 5 Provider Agencies ▪ 2 Regional Center Representatives ▪ 1 Department Of Health ▪ 1 Missouri Western State College ▪ 3 adhoc members (SPOE and Regional Consultant) 	<ul style="list-style-type: none"> ▪ Public Health Nurse (DOHSS) ▪ Pediatrician (Pediatricians in Community –PIC–Washington University program) ▪ NICU Nurse ▪ Placement Specialist (ECSE) ▪ Parents As Teachers Coordinators ▪ Regional Center Coordinator of Services/Assistant Director ▪ St. Charles County Department of Health Coordinator ▪ DSS Social Worker ▪ Parents of Children in First Steps ▪ First Steps Providers (Social Worker, Physical Therapist, Speech Therapist) ▪ Early Head Start Disability Coordinators
# of Individuals	We currently have 14 committee members.	Total number of members including 3 adhoc: 23.	19 (21 including SPOE Director and Regional Consultant)
Dates of meetings	We held our first meeting on 10/27/04. Our next meeting is scheduled for 11/29/04.	First Meeting Held 10/6/04: RICC meeting was held on 10/6/04. This meeting consisted of basic information on the intent for the RICC, First Steps Philosophy and operations of the Northwest SPOE. Major outcome for this meeting was the determination that the RICC would work to put together a Resource Information Packet for families who were referred to First Steps and determined ineligible.	December 20, 2004 Initial Meeting—Third Monday of the Month-Quarterly, or as determined by RICC members.
Strengths / Challenges	We discussed membership recruitment and outcomes that the RICC would like to address for the St. Louis County area. Main areas of function will be Child Find, Provider Recruitment, Public	<ul style="list-style-type: none"> ▪ Strengths: Committee members, attendance, variety of areas represented, varying types of expertise on the committee, good family involvement ▪ Challenges: Meeting time, location, 	<ul style="list-style-type: none"> ▪ Strengths: There has been a wide community of colleagues committed to early intervention services who had interest in serving on the RICC. Having reimbursement available for expenses for

	Awareness, Transition, and Resources for Families in the community.	childcare issues, ability to connect between meetings	membership was an incentive. ▪ Challenges: It is challenging to find a convenient time and location so that all could participate, especially parents.
<u>Peer Review</u>			
# of Peer Reviewers	33 therapists ▪ 6 Occupational Therapists ▪ 8 Physical Therapists ▪ 14 Speech Therapists ▪ 5 Developmental Therapists	15 therapists ▪ 3 Occupational Therapists ▪ 3 Physical Therapists ▪ 5 Speech Therapists ▪ 4 Special Instructors	21 therapists ▪ 5 Occupational Therapists ▪ 5 Physical Therapists ▪ 5 Speech Therapists ▪ 6 Special Instructors (Developmental Therapists)
Activities	The peer reviewers are responsible for the initial eligibility evaluation as well as any ongoing assessments that the child might need while in the program. They are expected to attend the initial IFSP to discuss their findings as well as any ongoing team meeting if deemed appropriate to discuss concerns or changes in the IFSP within their discipline.	▪ Evaluations for Eligibility ▪ Evaluations for ongoing services if requested ▪ IFSP participant for determination of ongoing services	▪ Provider Education in Peer Review ▪ Job Description development ▪ Recruitment of Applicants ▪ Screening of Applicants ▪ Interview Protocol Development / Interviewing ▪ Training ▪ On-going Guidance
Strengths / Challenges	▪ Strengths: The therapists interested in Peer Review are mainly independent providers, which are allowing them more leeway to expand their caseload and concentrate on certain geographic areas. ▪ Challenges: We continue to look for more therapists in all categories. We are experiencing an increase in children with social/emotional concerns and are in need of recruiting more DTs to facilitate evaluations. STs in North County is also an area where we continue to struggle. We have to go outside of the Peer Review list for evaluations in this area due to no provider available.	▪ Strengths: High level of expertise, ability to work with IFSP team members, Supporters of First Steps Philosophy ▪ Challenges: Unable to find Peer Review members that will travel to rural areas. Reimbursement is a concern - providers are putting in several hours of their time to conduct an evaluation due to drive time and write-up time.	▪ Strengths: Having a Peer Review team enables the SPOE to identify quickly providers who can assist in determining a child's eligibility for First Steps. It enables Family Service Coordinators to consult with professionals when there are issues that need clarification in order to understand a child's needs or when team members disagree and need additional guidance. Consultation with Peer Reviewers enables parents to have an independent qualified opinion in regard to the level of their child's abilities - a second opinion, sometimes. ▪ Challenges: Education of the First Steps Provider Community about Peer Review and the terms of the grant in regard to the

			formation and implementation of the Peer Review Team took time and are still in progress. The initial determination of First Steps providers as to the implications of Peer Review for their businesses and their decisions to participate or not was the greatest challenge. Finding providers who were willing; confident; knowledgeable and practicing First Steps philosophy; and interested in Peer Review services was a challenge, as well. Facility for payment for their services for group trainings and meetings related to Peer Review services is being explored by DESE.
<u>Service Coordinators</u>	St. Louis County has 12 full time FSCs and 2 substitute positions being paid hourly. All FSCs are participating in both intake and on-going service coordination duties.		Staffing: 10 FSCs, 1 Director, and 1 Administrative Assistant. Staff is in two locations, St. Charles County and St. Louis City.
Strengths / Challenges	<ul style="list-style-type: none"> ▪ Strengths: All staff has completed all module trainings. All staff is currently carrying a full caseload of anywhere between 40-80 on-going children and anywhere between 5-30 children in intake status. ▪ Challenges: We are still meeting with families that called to refer their child before 7/1/04. The majority of these families are owed compensatory services. 	<ul style="list-style-type: none"> ▪ Strengths: High level of expertise and experience; supporters of First Steps philosophy; increased support system amongst employed coordinators; education; and training is consistent among service coordinators employed by SPOE. ▪ Challenges: Ability for SPOE service coordinators and DMH coordinators to meet together for trainings, different expectations, and training opportunities. 	<ul style="list-style-type: none"> ▪ Strengths: Having Family Service Coordinators with great skills, diversity, and customer services orientation who are working as a team under the SPOE, which is responsible for their work with families and having oversight of their service provides stability for First Steps and First Steps families. It enables teamwork and increased utilization of skills and resources. It fosters consistent and rapid response for families and the community from First Steps. ▪ Challenges: Transition from Independent SC to SPOE SC and having adequate documentation in the SPOE record was challenging, since many Independent SCs did not provide their working file and SPOE records on the children were not

			<p>always complete, depending on the business practices of the Independent SC. Also, it was challenging to engage families who were referred to First Steps prior to July 1, since some of the referrals were more than a year old. Families in our service delivery area are highly mobile and it was challenging to find them and engage them. The work is in progress, still.</p>
<u>Providers</u>			<ul style="list-style-type: none"> ▪ Activities/Trainings: There were visits, email, telephone communication, and meetings to educate the provider base about the rebid grant and its similarities and differences from the previous grant, particularly in regard to Peer Review and service coordination in our community. ▪ Impact of Peer Review: Providers and SC from Regional Center needed time to assess the Peer Review system and what it meant for their business/service/work with families in First Steps. The implications for the businesses of the providers are still in the assessment stage.
Strengths / Challenges	<ul style="list-style-type: none"> ▪ Strengths: Many providers have commented how much better the system is working now with the SPOE and DMH being the only agencies providing service coordination. Providers have called on numerous occasions and commented how impressed they have been with the SPOE FSCs and how quickly the process is working. Many of the providers feel the program is more ethically run now that there is oversight being provided by the SPOE. 	<p><u>Provider & Family Comments/Concerns:</u></p> <ul style="list-style-type: none"> ▪ Positive comments regarding employment of service coordinators ▪ Increased ability to reach service coordinators, SPOE employees ▪ Concerned with children not meeting eligibility, but still needing services. ▪ Concerned that referrals are down ▪ Confusion between inconsistent implementation of First Steps between SPOES, such as number of services being approved, assistive technology, etc. 	<ul style="list-style-type: none"> ▪ Strengths: Providers have been very supportive of the changes that have been made in First Steps over the last several years, as redesign of First Steps was refined. They have been pro-active in learning about new grants and requirements in the grants in the Phase I area, and have been patient and understanding as different systems went into place, looking for ways to be supportive of First Steps. ▪ Challenges: In our community, providers have been challenged to stay abreast of the changes and the adjustments that may

	<ul style="list-style-type: none"> ▪ Challenges: There are a few provider agencies that are not happy with the Peer Review process. They don't like the fact that doing the evaluation for a child removes the opportunity for any other therapist within their agency, within that discipline, to do on-going services. The SPOE office did hold an informational meeting in September for any provider of St. Louis County who was interested or had questions about the Peer Review process. 		have been needed in their business practices and operations. At this point, providers in our service delivery areas need opportunities to stabilize with the changes that have been made in First Steps over the last 3 ½ years.
<u>DMH Coordination</u>			Training: DMH SC exchange professional development opportunities. The DMH SCs participate in any training offered by First Steps and the SPOE.
Current Activities	SPOE director and supervisor from DMH Early Childhood team meet monthly to discuss issues/concerns and what's working well. We have a joint FSC meeting between SPOE FSCs and DMH FSCs scheduled for 12/2/04. We will begin to have these meetings on a quarterly basis. We have a system in place for inputting DMH authorizations and for assigning children to DMH for on-going service coordination.	Activities/Trainings: Service Coordinator meetings are held monthly and specific issues are targeted for discussion and training such as First Steps Philosophy, Quality Indicators, Assistive Technology, etc.	The SC from the Regional Center have been instrumental in helping identify First Steps children for whom hard copy and electronic records may have not been immediately available when our SPOE took on a new service delivery area as part of the rebid grant. Their support has been invaluable in getting families seamless service, and in initiating service for families who were part of the First Steps system, but needed their records reviewed and contact with a SC.
Strengths / Challenges	We continue to work together with DMH on understanding authorizations and requests for services. We will address some of these concerns and training issues at our first joint meeting on 12/2/04.	<ul style="list-style-type: none"> ▪ Strengths: Open communication between DMH and SPOE, ability to problem solve together, supporting SPOE in regard to implementing First Steps Philosophy ▪ Challenges: Timely assignment of referrals, inconsistent attendance at service coordinator meetings 	<ul style="list-style-type: none"> ▪ Strengths: Coordination with DMH Regional Centers has been smooth during the transition to the new grant requirements of the SPOE. Their counsel and collaboration was sought before the grant proposal was written. The development of a "Memorandum of Understanding" has provided guidance for our SPOE and for the Regional Center staff with whom we work. The

			<p>SCs have attended and participated in the CIMP and SPEI Committees, and their staff has attended a joint Family Service Coordinator meeting. More will be planned for the future to discuss what is working and what is not. Assigning children to DMH for service coordination was a collaborative effort with families, DMH, and the SPOE and worked well.</p> <ul style="list-style-type: none"> ▪ Challenges: Peer Review implementation with children already receiving First Steps services.
<u>Training</u>			
Service Coordinators	We have a weekly team meeting to discuss concerns and other items. I am in the process of scheduling some of the Peer Reviewers to come out during a staff meeting to do some training on SI, Speech/Language issues etc.		The SPOE hired a First Steps trainer to come to the SPOE to provide all of the training modules during the first two weeks of hire for any Family Service Coordinator who needed the modules. FSCs from another Region also participated.
Quality Indicators	This is something we will be discussing with SPOE and DMH FSCs at the joint meeting scheduled in December.		The SPOE participated in the CIMP and SPEI committees, and was active in the development of the Quality Indicators in IFSPs and the rating scale and exemplars development.
Community In-services	<p>I have traveled to many school districts and community programs over the past few months discussing FS changes and updates. Below is a listing of those trainings:</p> <ul style="list-style-type: none"> ▪ Hazelwood School District - 20 PATs and Admin. Staff ▪ Parkway School District - 15 Admin staff and diagnostic staff ▪ Rockwood District - 35 PATs and Admin. ▪ Afton/Lind. District - 20 PATs and Admin staff ▪ Ferg/Flor District - 20 PATs and 	<p><u>Trainings/ Public Relation Activities:</u></p> <ul style="list-style-type: none"> ▪ Multiple Doctor Offices/Nurse In-services: 5-15 per session ▪ Missouri Western University: approximately 150 participants ▪ Parents as Teacher Trainings: regional training - 150 participants ▪ Parents as Teachers community meeting: 20 participants ▪ Missouri Western Resource Class: 20 members ▪ St. Joseph PAT Resource Fair: Several hundred attendees ▪ Provider Information Meetings/ 	<p>Meetings/communications/trainings have been held with:</p> <ul style="list-style-type: none"> ▪ Parents As Teachers groups ▪ Early Head Start ▪ Support Groups for Families with Children with a Disability ▪ ECSE Departments from the LEAs ▪ LICCs ▪ Senate Bill 40 agency

	Admin staff <ul style="list-style-type: none"> ▪ Coalition Districts (Districts not contracted with SSD for ECSE services) - 30 Admins and diagnostic staff ▪ PAT Headquarters - 50 PATs from St. Louis area / 2 from out of state ▪ Parent Advisory Council for Autism - 25 Parents and Community members ▪ ABA Team within SSD - 30 ABA implementers and consultants 	Trainings: 30 + providers <ul style="list-style-type: none"> ▪ UCP Training: approximately 30 employees ▪ PBM Training/Meeting: 2 ▪ CCVI Training/Meeting: 5 ▪ Peer Review Team Training: 12 	
<u>Use of data reports</u>			
Admin activities	Review reports with team and send copies of reports to DMH as well.	To monitor services, compliance issues, and costs	Receiving information that relates to First Steps paid services, organized by SC is helpful in targeting general information that gives the SPOE director an overview of service delivery. Since the report generates information based on services paid for, it is early yet to get hard data for the SPOE since the new grant in July. It has been a useful tool to assess levels of service coordination from DMH as the percentage of service coordination is monitored for the 40/60 split between DMH and the SPOE, respectively.
Uses of info	Information is limited is that if only shows what has been paid out for any given month.	<ul style="list-style-type: none"> ▪ For use in training, explanation of services ▪ Used with service coordinators, LICCs, and RICC 	<ul style="list-style-type: none"> ▪ Comparison of paid out services month to month helps assess the flow of services. ▪ Data analysis helps spur conversation with FSCs regarding compensatory services, where appropriate.
Other needs	Would be more helpful if information showed how many children were being served on a monthly basis, in addition to how much money is being billed on a monthly basis. If we could get an accurate list of clients per FSC on-going and intake, this would be very helpful as well.		

<u>Public Relations Activities</u>			
Groups Targeted	<ul style="list-style-type: none"> ▪ School Districts ▪ Community Groups 		<ul style="list-style-type: none"> ▪ Families ▪ NICUs ▪ Early Head Start ▪ Parents As Teachers ▪ Senate Bill 40 Boards ▪ Transition Coordinators from ECSEs ▪ First Steps Support Groups for Families
Family comments	We have had many families call and let us know that they are very appreciative of the “clean up” work we have done since taking over the SPOE as of 7/1/04.		Some families were comfortable, and even welcomed, the change in service coordination, but some found the change very challenging and difficult, depending on the level of service they had received in the past and the established relationship with their Family Service Coordinator.
Complaints	Most complaints are from things families experienced with the previous SPOE and system. Some families still have some hard feelings about the FS system, but most are just thankful that someone is contacting them and inquiring about their child.		<ul style="list-style-type: none"> ▪ Providers were initially challenged to identify some of the SCs for children with whom they were working. Although letters were sent to parents of the children identifying contact information for their new SC, some families did not retain the information. ▪ Families seemed to be well prepared by many of the independent service coordinators for the change and even helped effect the change. Others were made aware of the change by the letter or their first contact from a FSC.
<u>Start up issues</u>	<ul style="list-style-type: none"> ▪ Inherited data/file concerns: Our active files are now cleaned up and filing is up to date. The inactive files have been separated between City and County and the temp is now working on organizing these files. The temp is also creating a data base for the SPOE office so we will have an 	<ul style="list-style-type: none"> ▪ No major issue with exception of inherited compliance report from previous SPOES to address. 	<ul style="list-style-type: none"> ▪ Inherited Data/File Concerns: Our SPOE took on an additional service delivery area. We had not anticipated the amount of time or level of work that it would take to identify the children for whom the SPOE was responsible in the new area. For some children there was an electronic record, but no hard copy record. For

	<p>electronic listing of what children's files are listed as inactive.</p> <ul style="list-style-type: none"> ▪ Other issues: The current SPOE software continues to be challenging. We continue to have to rebatch data for providers and are still working on billing issues from the previous SPOE. 		<p>others, there was a hard copy record, but no electronic record. For others, the hard copy record was incomplete (without progress notes, evaluations, current IFSPs). For others, the SPOE had no record at all. Providers and DMH SCs, as well as the cooperation of the SPOE in Region 2 who had received many of the records was helpful in developing records for the children so that a FSC could be assigned and could have a working file. A bridge between the 2 SPOEs was formed & a system developed to request and search for the records of the children.</p> <ul style="list-style-type: none"> ▪ Data Entry Clean-up: Another challenge was to provide data entry clean-up for providers who had not received authorizations for service from a previous SPOE. Without records or paperwork from the previous SC, it was difficult. ▪ Compliance: Early on in the new grant was a requirement to provide information to help with compliance reviews from the previous SPOE. This was especially challenging due to the lack of records to review information.
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